ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		3/4
O.I.P.E. CLASSIFIER		12	4/4
FORMALITY REVIEW	S.H	1085	5/29/01
RESPONSE FORMALITY REVIEW	MD	kar	07/20/01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date								Claim		Date								Claim		Date							
Final	Original									Final	Original									Final	Original								
1	9	✔								51										101									
2										52										102									
3										53										103									
4										54										104									
5										55										105									
6										56										106									
7										57										107									
8										58										108									
9		✔								59										109									
10		N								60										110									
11										61										111									
12		✔								62										112									
13		✔								63										113									
14		✔								64										114									
15		N								65										115									
16										66										116									
17		✔								67										117									
18		✔								68										118									
19		✔								69										119									
20		N								70										120									
21										71										121									
22										72										122									
23		✔								73										123									
24		✔								74										124									
25										75										125									
26										76										126									
27										77										127									
28		N								78										128									
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47										97										147									
48										98										148									
49										99										149									
50										100										150									

If more than 150 claims or 10 actions
staple additional sheet here

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